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CONFIRMATION NO. 2028

<b>SERIAL NUMBER</b> 10/688,135	<b>FILING OR 371(c) DATE</b> 10/17/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> VLINK.002DV2
<b>APPLICANTS</b> George P. Teitelbaum, Santa Monica, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/747,066 12/21/2000 PAT 6,821,277 which claims benefit of 60/213,385 06/23/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/21/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 2 <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 20995				
<b>TITLE</b> PERCUTANEOUS VERTEBRAL FUSION SYSTEM				
<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	